Washington State
Department of Social
& Health Services

**Report to the Legislature**

# Foster and Adoptive Home Placement

RCW 74.13.031(2)

December 1, 2003

**FOSTER AND ADOPTIVE HOME PLACEMENTS**

Table of Contents

**EXECUTIVE SUMMARY**

This report addresses the Children's Administration's (CA) efforts to recruit foster and adoptive homes, reduce the foster parent turnover rate, complete adoptive home studies for legally free children and implement and operate the Passport program, during fiscal year 2003 (July 1, 2002 through June 30, 2003).

This report is prepared in compliance with RCW 74.13.031(2), which requires the Department of Social and Health Services (DSHS), the Children's Administration to submit a report annually to the Governor and the legislature reporting on agency success in:

> *(a) Meeting the need for adoptive and foster home placements; (b) reducing the foster parent turnover rate; (c) completing home studies for legally free children; and (d) implementing and operating the passport program required by RCW 74.13.285.*

The Children's Administration:

➢ Finalized 1,204 adoptions;
➢ Has 6,268 licensed foster homes;
➢ Completed 3,580 passports for children residing in out of home care;
➢ Continues to develop resource homes for foster care and adoptions by completing timely and thorough home studies.

**HIGHLIGHTS FOR FISCAL YEAR 2003**

During fiscal year (FY) 2003, the Children's Administration (CA) noted several accomplishments and began work on a number of improvements. Some highlights for FY 2003 are listed below:

➢ The electronic interface with the DSHS Medical Assistance Administration's Medical Management Information System (MMIS) is available to staff. This interface allows the CA to efficiently collect vital information on children coming into placement from public assistance households.

➢ The Children's Administration's Adoption Webpage was released. The site can be viewed at http://www1.dshs.wa.gov/ca/adoption/index.html.

➢ Washington received $1,536,038 in award money for finalized adoptions during Federal Fiscal Year 2001 under the Adoption Incentive Payment Program.

➢ The Foster Parent/Kinship Training Institute (FPKT) has led the state and the nation in utilizing technology to provide training.

➢ Over 30,000 people have logged onto the Foster Parent/Kinship Training Institute web site in FY 2003.

➢ The Journey through the Healing Circle was aired on the Public Broadcasting Station and was nominated for an Emmy award. The Emmy did not go to The Division of Licensed Resources (DLR) but it did make it to the final five.

➢ To comply with the Braam Law suit, DLR-FPKT developed an extensive training for foster parents who work with Sexually Aggressive and Physically Assaultive children.  A curriculum was developed that included a video, a self-studies course and a 6-hour class. The video is on the web and on-site workshops on this subject are available each month by the Foster Parent Kinship Training Institute trainers.  Staff from Juvenile Rehabilitation Services assisted on this project. This class is required for foster parents offering a placement for a Sexually Aggressive Youth or Physically Assaultive Youth.  This year FPKT received 8 new training positions to ensure this training is readily available and accessible throughout the state.

➢ A Spanish web site was established and Spanish videos on behavior are on this site. This website has written material in Spanish on first aid tips, fire safety and gun safety. This website will continually be improved for our Spanish speaking foster parents.

➢ Three conferences were filmed with American Indian and Hispanic speakers so foster parents and staff who could not attend could listen and view the speakers.

➢ A kinship video and a respite video for foster parents and staff was developed and placed on the web site.

➢ The Trainers learned four new training curriculums or 92 hours on new training materials. In addition they organized First Aid classes and specialized workshops to meet the needs of individual foster parents/kinship providers.

➢ The DLR piloted a new process of a unified home study to prepare to approve families for the full continuum of out-of-home care resources to support concurrent planning.  The new process increased workload, therefore a post-pilot analysis is needed.

➢ Foster home licensors are conducting on-site monitoring visits of foster homes on a frequency greater than the percentage required by statute.  Monitoring visits provide an opportunity to evaluate safety issues in the home as well as assessments of foster parents support and training needs.

> In FY 2003, the Office of Foster Care Licensing made significant progress in expediting foster home licensing applications and reducing the percentage of license applications pending after 90 days.

> The number of licensed Tribal foster homes increased from 300 to 339, a 10% increase.

> The number of newly licensed foster homes increased to 1,357, using a new coordinated system of foster parent recruiters.

## I. FOSTER HOME RECRUITMENT

The Children's Administration continued to make active efforts to increase the number of foster homes available for the placement of children in out-of-home care.

### Licensing Responsibilities

The Division of Licensed Resources, Office of Foster Care Licensing (OFCL), engages in a variety of required activities to ensure that homes are fully and appropriately licensed. The activities relate both to initial licensing of a home and on-going work to maintain homes in a safe manner. Some of the activities are:

*Initial License*:

➢ Provide orientation and 20 hours of PRIDE pre-service training for prospective foster and adoptive families.

➢ Review application packet, investigate any CPS and/or criminal history and contact references.

➢ Visit and assess the home to ensure the home will meet health and safety standards.

➢ Conduct a home study to assess the family's readiness and skill level to care for foster children.

➢ Provide consultation and technical assistance relating to licensing requirements and policies during the home visit.

*Maintenance activities:*

➢ Collaborate with the foster parent to correct and write Compliance Agreements to correct deficiencies if necessary.

➢ Prepare documents for an adjudicative proceeding, should the license be denied or revoked.

➢ Visit a minimum of 10% of the licensed foster homes annually to monitor for health and safety and assess training needs of foster parents.

➢ Respond to licensing complaints and conduct an assessment to determine if there are health and safety or licensing violations.

➢ Monitor the compliance agreement to ensure a safe environment. Assess training and support needs of foster parent.

➢ Re-License the foster home provider every three years.

**Number of Licensed Foster Homes**

The Division of Licensed Resources (DLR), Office of Foster Care Licensing (OFCL) maintained 6,268 licensed homes in July 2003. Chart one below shows that the total number of licensed foster homes increased by 69 during the year.

Chart 1

**Licensed Foster Homes**

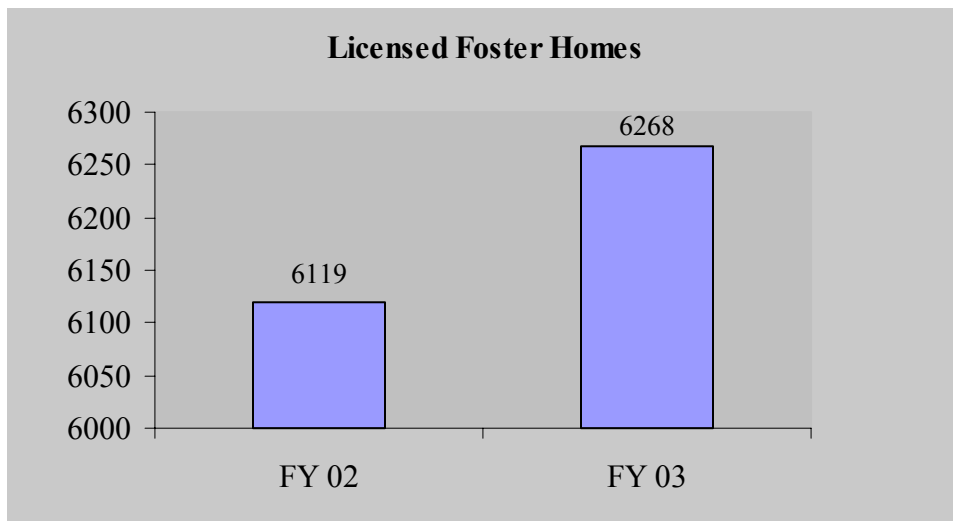| | FY 02 | FY 03 |
|---|---|---|
| | 6119 | 6268 |

Chart two below represents the total number of licensed foster homes including homes certified by private child placing agencies by region in Washington State as of July 2003. OFCL evaluates the background clearances, reviews and approves the home studies completed by the private child placing agencies and then issues the licenses for the foster homes. The private child-placing agency provides the monitoring of the foster homes that they license.

Chart 2

**Total Number of Licensed Foster Homes July 2003**

| Regions | Total # of OFCL licensed foster homes | Total # of Private Agency certified foster homes | Total # of licensed foster homes |
|---|---|---|---|
| Region 1 | 736 | 149 | 885 |
| Region 2 | 484 | 289 | 773 |
| Region 3 | 567 | 344 | 911 |
| Region 4 | 703 | 532 | 1235 |
| Region 5 | 516 | 646 | 1162 |
| Region 6 | 1064 | 238 | 1302 |
| Statewide total | 4070 | 2198 | 6268 |

**Foster Care Improvement Plan**

The Children's Administration continued its work on the Foster Care Improvement Plan (FCIP) to produce results in the areas of foster parent recruitment and retention. The plan that was released in May 2001 is a partnership with Casey Family Programs. Because of financial considerations, Casey Family Programs had to reduce its commitment to the FCIP in FY 03. Casey Family Programs remains involved on the Oversight Committee and the 11 member Project Management Team of the plan.

This year, the FCIP built the foundation for many systemic changes outlined in the comprehensive plan, which included 14 action items and 64 steps. Among the actions this year:

➢ A new statewide recruitment system began using foster parents being paid a monthly stipend as recruiters.

➢ Piloting of surveys designed to better measure foster parent satisfaction.

➢ Members from the Foster Care Improvement Plan were chosen to participate with Casey Family Programs on a national collaboration to learn how to test rapid system changes.

➢ Initial planning to improve retention of foster parents was sent to the CA management team for review.

➢ Training was provided to the CA, the Acting Assistant Secretary, Regional Administrators and Area Administrators on changing the agency culture to improve the relationship between foster parents and agency staff.

➢ The project management team began working on other culture changes such as writing a foster parent handbook, identifying rules, policies and laws that affect the relationship between foster parents and CA staff.

➢ An internal FCIP website and idea board was created to share ideas on how to improve recruitment and retention.

➢ The Oversight Committee of the FCIP has begun holding stakeholder meetings every other month in each region to take input about issues and solutions.

**Statewide Recruitment**

The Children's Administration continued to contract with Families for Kids Recruitment Resources, (FFKRR) a branch of Lutheran Community Services, for the recruitment of foster and adoptive homes. Building on a system implemented

in Region 6, a statewide recruitment plan was created to hire foster parents as recruiters under the FFKRR contract. Families for Kids Recruitment Resources hired 43 foster parents to work as recruiters that are reimbursed monthly for their expenses incurred. These foster parents are the backbone of the recruitment effort.

Families for Kids Recruitment Resources collaborated with the regional teams of the FCIP to develop regional needs assessment and recruitment plan. The region specific plans are designed to identify the areas of highest need designed for focused recruitment that both CA and FFKRR agree upon. Highlights of recruitment efforts during FY 03 include:

➢ A total of 320 families who called the toll-free statewide recruitment number became licensed foster parents or adoptive parents.

➢ FFKRR had 2,946 new intakes from persons interested in foster and adoptive parenting.

➢ The FFKRR database is now tracking 6,620 families who had called their toll-free recruitment line.

➢ The data that is collected by FFKRR includes what people are specifically interested in when they call. Of those that called in FY 03:

    ➢ 84% of the calls expressed a generalized interest in foster care;
    ➢ 35% of the calls are persons of color;
    ➢ 30% of the calls are generated from the website.

➢ Families for Kids Recruitment Resources participated in 554 recruitment/retention meetings and made 693 recruitment presentations.

➢ A special project to recruit police officers to become foster parents was implemented in Bellingham. To date, five families are licensed in Bellingham. The Bellingham Police department, CA and FFKRR all believe the program will be successful in providing homes that can take care of children on a short-term basis when no other homes can be found. The partners have pledged to work together to take the program statewide.

➢ Work began to create a school-based recruitment program. The work is being done as part of CA's implementation of House Bill 1058. The workgroup wants to find the most effective ways to keep children in their own schools when they are removed from their homes.

**Diversity Recruitment**

The regional recruitment plans include a focus on diversity recruitment. The need for diversity recruitment is a focus of discussion between FFKRR and the regional FCIP teams.

A portion of the recruitment money set aside by the Legislature was used to increase the number of Tribal foster homes. The money was shared among the 35 Tribes and Tribal Organizations during FY 03 to increase the number of Tribal foster home by 10 percent.  Tribes and Tribal Organizations met the 10% goal by increasing Tribal foster homes from 300 to 339. Tribes and Tribal Organizations used a variety of methods to meet the goal. They set up booths at family healing gatherings, took out newspaper advertisements and provided an incentive to interested Tribal members who became foster parents.

## II.    FOSTER HOME TURN-OVER, CAUSES AND RECOMMENDATIONS

The Children's Administration continues to track reasons why foster parents have closed their license.  Based on a hand count from July 1, 2002 to June 30, 2003, the Office of Foster Care Licensing closed 916 homes.  Of the 916 homes, 17.2 percent of the homes closed as a result of the foster parent finalizing the adoption of the child in their home. Chart three details the number of homes that were closed in the different categories.

Chart 3

Total Number of OFCL homes closed, July. 1- 2002 - -June 30, 2003

| Reason for Closure | Number | Percentage |
|---|---|---|
| Adoption complete | 158 | 17.2% |
| Voluntarily Withdrawn | 119 | 13.0% |
| Family goals/personal issues | 108 | 11.79% |
| Failed to respond to renewal | 99 | 10.80% |
| Moved – did not reapply | 92 | 10.04% |
| Moved, licensed new location | 86 | 9.38% |
| Cannot Comply with MLRs | 78 | 8.5% |
| Failed to respond | 39 | 4.2% |
| Moved to private agency | 23 | 2.51% |
| Child's behavior too challenging | 23 | 2.51% |
| Revocation | 17 | .086% |
| Relative placement | 15 | .076% |
| New home doesn't meet MLRs | 14 | .071% |
| Foster child turned 18 | 10 | .051% |
| Health & Safety issues | 10 | .051% |
| Dissatisfaction with DCFS | 9 | .045% |
| Founded C/AN | 6 | .03% |
| Lack of services/support/respect/input/feedback | 3 | .02% |
| Adoption Disrupted | 1 | |
| Adult family home | 1 | |
| Phone calls not returned | 0 | |
| Dissatisfaction with DLR | 0 | |

The Children's Administration began piloting a comprehensive survey system that will measure the satisfaction of foster parents from the time they enter the system until the time that they exit the system.  The new system will include an exit survey that will be added to the closed home report from which the above data is taken.  The CA continues to develop a new method for measuring the

turnover rate of foster parents from year to year and region to region. The turnover rate will take into account such categories as adoption and the other reasons that foster parent's list for exiting the foster care program.

**Foster Parent Training**

The Foster Parent Training Institute changed its name to the Foster Parent/Kinship Training Institute to formally recognize the importance of the kinship caregiver. The Foster Parent/Kinship Training Institute (FPKT) enhanced its out-reach to kinship caregivers, encouraging kinship caregivers to attend any training that is offered by FPKT.

The Foster Parent/Kinship Training Institute (FPKT) implemented both the PRIDE Pre-service and PRIDE In-service curriculums in January 2002. Pre-service classes (20 hours prior to licensing) were provided to 706 prospective foster parents attending in FY 2003 in addition to the pre-service taught by licensors. In-service Parenting classes (60-hour basic foster parenting course after licensing) had 360 participants for FY 2003.

Special Workshops are 3 to 6 hour workshops on specific topics. Foster parents and DSHS staff recommends workshop topics. During FY 2003, 1,684 people attended special workshops. The Division of Licensed Resources, FPKT allots $180,000 for these specialized workshops. Workshops offered in FY 02 include: De-escalation, Anger Management, Working with Birth Families, Allegations of Abuse, Talking to Children about Sexual Abuse, Attachment Disorders, Grief and Loss, Adolescent Issues, Special Education, ADHD, Self Care, Sexually Aggressive Youth, Adolescent Depression, Suicide and Drug Affected Children.

Attendance at First Aid/CPR/BBP (Blood Born Pathogens) classes took a dramatic rise with the change in the licensing WAC requiring both parents to take the class. In FY 2003, 3,442 people attended First Aid/CPR/ training and another 744 went through separate HIV/BBP classes. In some communities these are a combined 6-hour class. These classes are very important to the retention of foster parents and are required before becoming licensed and to those who are getting re-licensed.

**Webcasting**

The webcasts are live video/presentations that are put onto the FPKT web site. Foster parents can watch, call in live or email and have their questions addressed live during the broadcast. Over 30,000 people logged onto the FPKT website in FY 2003. This website is one of the most used websites in DSHS. Additionally, 750 people joined the 9-webcast training's that were available during the year. After the webcast, the videos are archived and foster parents and other people can watch them at any time. Over 400 people watch these videos each month for a

total of approximately 4,800 people viewing the archived training in FY 2003. The address for the FPKT website is http*://www1.dshs.wa.gov/ca/fosterparents/*.

This year the following web classes were made available on the FPKT website available to be viewed twenty-four hours a day.

  ➢ Dependency Court Process
  ➢ Attachment Issues
  ➢ Working with Behaviorally Challenging Behavior
  ➢ De-escalation Techniques
  ➢ Spanish Language Web Cast on Behavior
  ➢ Domestic Violence Effect on Children
  ➢ ICW Issues in Child Welfare
  ➢ Sexually Aggressive Children
  ➢ Physically Assaultive Children

Along with Washington State foster parents availing themselves of training, licensors from Alaska, Florida, Illinois, New York, Texas, Oklahoma, New Zealand, Australia, and England are recommending that their foster parents tune into the FPKT website for training.

The website is proving to be an effective tool to reach people interested in foster parenting. There has been a steady increase in foster parents wanting information on how to become foster parents.  In 2002, over 2,000 prospective foster parents filled out a form with information on their background listing the type of training they have taken and the type of child they would be interested in.  These inquiries are referred to licensing and to Families for Kids Recruitment and Retention for follow-up.  This website has received 400 out-of-state responses, indicating an interest in foster parenting.  These were referred to the National Foster Parent Association.  The National Foster Parent Association reports that this website is one of the largest nationwide recruiters.

The awards winning "Journey through the Healing Circle" project an innovative, educational series about Fetal Alcohol Syndrome was aired as a 2-hour PBS special for KBTC in Tacoma.  The program was aired two times with over 35,000 people watching, thus beating out their regular programming of Tele Tubbies. "Journey through the Healing Circle" has been played on over 65 local cable access stations statewide.  It continues to be aired statewide to over 100,000 people on local cable access television.  This exciting new method creates opportunities to reach larger audiences and for state government to reach out into communities.  The DLR-FPKT will continue to be a leader for DSHS in technology and its use of interactive training.  CWLA has acknowledged that they view DLR-FPKT as the nation leader in this area.

## Continuing Education

Pierce College provides Continuing Education Units for all FPKT training. Foster parents can also obtain academic credit through Pierce College.

The web-based classes also offer continuing education certificates and degree programs available through Pierce and Seattle Central Community Colleges. There are approximately 60 foster parents who access the web-based program each year.  Approximately 250 foster parents place themselves on the wait list for the on-line program.  Pierce College continues to offer a Certificate in Foster parenting on-line. The on-line courses are especially attractive to the rural area. This program and the web sites make our "training available to all".

Over 178,000 people were touched in some way by the Foster Parent/Kinship Training Institute this fiscal year.

### Community contacts by the Foster Parent/Kinship Training Institute

| | |
|---|---:|
| WEB PAGE | 30,000 |
| ON LINE DEGREE/CERTIFICATE | 250 |
| PBS SPECIAL | 35,000 |
| CABLE ACESS TV | 100,000 |
| WEB BASED TRAINING | 4800 |
| INSTITUTE  CLASSROOM TRAINING | 8143 |
| TOTAL COMMUNITY CONTACTS | 178,193 |

The Foster Parent /Kinship Training Institute is committed to providing qualitative and innovative training services to the foster parents of Washington State.

## Foster Parent Liaison

The Foster Parent Liaison Contracts provide services to enhance communication between the foster parent, DCFS social worker, DLR staff, and DSHS management.  During this past year, the liaisons have provided support to both state and private agency foster families. Support has been provided on a variety of topics including, but not limited to:

- Accessing resources for children.
- Ensuring foster parents receive information on the adoption process and timelines.
- The initial foster care placement.
- Foster parents access to information about the child, the ISSP and court hearings.

> Dispute resolution between the social worker and foster parent at the lowest Management Level.

The Liaison Program continues to assist and provide services to support foster parents. Regional liaisons have steadily increased the number of foster parent contacts via email, telephone, and personal contact.

## Foster Parent Intervention Program

Foster Intervention/Retention Support Team (FIRST) is a contracted service provided by the Foster Parents Association of Washington State (FPAWS). The FIRST Program provides foster parents undergoing Child Protective Services (CPS) or licensing investigations, with non-judgmental services and support. FIRST services include providing training, disseminating information to the foster parent about the investigative process, clarifying communication and assisting foster parents in completing corrective action plans.

There are currently 11 volunteer foster parents that provide FIRST service at the request of social workers, DLR investigators, or other foster parents. Although few in number, these volunteer foster parents are important to the success of the FIRST program. CA recognizes that foster parents spend a great deal of time volunteering for other activities such as mentoring programs or support groups and are continually challenged by finding the additional time to volunteer for the FIRST program.

III.    **PASSPORT PROGRAM**

The Health and Education Foster Care Passport Program (FCPP) provides for an electronic centralized repository of mental and physical health, familial and educational information for children residing in out-of-home care in Washington State.

The FCPP was designed to identify, gather and share health history information with those providing care to children residing in out-of-home placement. Additionally, FCPP contracts with Public Health Nurses (PHN) to provide consultation directly to social work staff and caregivers who are providing services to these children.  As opposed to a one-time, medical assessment/screening service, FCPP is a progressive service, providing comprehensive and updated information as the needs of the child change.   The Foster Care Passport Program staff actively assists social workers and caregivers in identifying, understanding and appropriately prioritizing health issues.  In addition, the PHN's provide expertise regarding effective utilization of community health resources, making informed decisions regarding health care needs and problem-solving day-to-day issues related to special health needs.

Children are automatically "referred" to FCPP electronically, via the Case And Management Information System (CAMIS) based on their placement in out-of-home care.  However, due to funding limitations, caseload prioritization within the general eligibility criteria has been a necessity and varies slightly due to the specific needs and the PHN staffing level in the regions.  In general, the prioritization for creating passports is on children birth through 12 years of age, who remain in out-of-home care 90 consecutive days or longer.  In addition, other criteria are used to further meet the unique needs of populations in each region and office by the social worker (e.g. adoption or state-to-state transfer), children with high-risk health issues already identified (by Kidscreen, SSI, FCAP or adoption fast-track) and special requests by social worker or caregiver.

Distribution of information from the Foster Care Passport Program includes:

➢ To the social worker:
   ♦ An original passport signed by the PHN;
   ♦ A letter from the PHN outlining specific health issues with recommendations for follow-up needed, priorities and the applicable community resources.
   ♦ All medical records received from health care providers;
   ♦ In addition, if issues are identified that need more urgent follow-up, prior to the completion of a passport, a "Health Concern Alert" is provided to the social worker outlining the issues, follow-up needed timeframe and resources.

> To the foster parents:
> ♦ A copy of the Passport
> ♦ A letter from the PHN outlining specific health recommendations;
> ♦ Assistance, per requests from the social worker, regarding urgent health issues which may need follow-up, including facilitating access to appropriate community resources.
> ♦ Foster parents are routinely instructed to *share Passport information with health care providers when children are taken in for appointments.*

In addition to producing passports, providing consultation, and making health recommendations, PHNs provide the following services.

**Health Education** is provided upon request to social workers and caregivers. Information requested during the 2002 calendar year included: tube feedings, dental abscesses, colic, prematurely, growth and development, infectious diseases, asthma, ear infections, lice infestations, ADHD, psychotropic medications, effects of prenatal substance abuse, fetal alcohol syndrome, scarlet fever, family planning services, sexually transmitted diseases, adolescent women's health exams, eating disorders, chickenpox, car seat safety, paralysis, brain damage, allergic reactions and fetal brain development.

**Case Finding & Referral** includes providing consultation, education and referral for health care needs of non Passport enrolled children encountered while working on Passport enrolled children. PHNs provide this additional service at the request of the caregiver or the social worker.

The Foster Care Passport Program team provide services with staff from 28 local public health jurisdictions (LHJs), serving 47 Division of Children and Family Service (DCFS) offices (including one Indian Child Welfare office) across the state, with a combined total of 20.9 PHNs and 10.8 Health Program Assistants (HPA) full time equivalents.

The FCPP work is a fluid process. Information is sought, gathered and entered on many children simultaneously. The amount of time required to produce each passport varies, depending on the age, medical history, family history and condition of each child. Additional factors that affect the amount of time needed to complete Passports include:

> The number of different health care providers that a child may have seen since birth;
> The legal status of a child, and/or the age of the child (e.g. mental health, substance abuse, family planning, and STD/HIV information, requiring additional release from the adolescent);
> The number of times a child has moved residency prior to placement in foster care;

- ➤ The number of times a child has been moved during the out-of-home care placement;
- ➤ The number of assigned social workers during involvement with DCFS;
- ➤ The number of different names used by a child and/or birth parent;
- ➤ The state of residence since birth – Washington state only versus multiple states in the United States;
- ➤ The amount of historical information available from family members; and
- ➤ The amount of historical information available in the DCFS case file upon enrollment in FCPP.

On average, approximately 10-15 hours are required to complete a passport and health recommendation, with the range being between 5 to 24 hours.   In any given month, in addition to completed Passports there are between 600-800 Passports in progress statewide.  From program implementation through 2002, approximately 83,000 individual medical records are requested and 70,000 have been received and incorporated in the Passport database.

Chart five below represents the last five calendar years of operation, and one fiscal year (FY 03) showing the progress in creating Passports for children in out-of-home care.  The numbers for 2003 are based upon fiscal year 2003 and will be reported by fiscal year from hence forward.  On average approximately 500 children will leave care between 90-180 days and the Passport may not have been completed.

Chart 5

FOSTER CARE PASSPORT PROGRAM
Activity Summary Data[1]

| Activity Summary Data | Passports Completed | Health Education Contacts | Case Finding & Referral |
|---|---|---|---|
| 1998 Total Numbers[2] | 1,573 | 1,985 | 231 |
| 1999 Total Numbers | 3,860 | 3,181 | 116 |
| 2000 Total Numbers | 3,821 | 1,597 | 137 |
| 2001 Total Numbers | 3,104 | 2,486 | 350 |
| 2002 Total Numbers | 3,580 | 2,792 | 292 |
| **2003 Total Numbers[3]** | **3,632** | **2,868** | **317** |

---

[1] Data is based upon the calendar year through 2002..

[2] FCPP was implemented in offices statewide throughout calendar year 1998.

[3] Data is based upon FY 03 (July 02 – June 03)

**Backlog Project**

This project has been operationally challenging. The Public Health nursing directors widely support the project services, but at the time the funds were available it was difficult for the LHJ to participate due to multiple factors. As with the state, a number of LHJ have suffered significant budget shortfalls over the past few years, resulting in a nursing shortage. In addition, the unpredictable status of other PHN programs in the DSHS budget (e.g. Early Intervention Program, Alternative Response System, and First Steps Programs), made it difficult for LHJs to effectively plan and commit experienced nurses to a limited-term project when it was uncertain if their time would be needed in other DSHS programs. Because FCPP work requires specific expertise, it was also unrealistic to hire temporary staff. In addition, due to the "one-time" status of the funds, it was difficult to create a caseload that could not be maintained after the funding ended.

Seven LHJs contracted with CA to work on this project. The contracts did not contain any limit as to the number of backlogged Passports each could produce. The numbers of referrals were specifically tailored each month to any available staff capacity within the participating LHJ. Additionally, participating LHJ were not limited to the creation of backlogged Passports in their own area, instead worked with the statewide program coordinator to provide Passports for children from any part of the state anywhere additional services were needed.

Amongst the participating LHJ, there were 2,324 additional passports with recommendations completed during the course of this project.

Statewide LHJs believe that all children in out of home placement are at risk and are interested in providing FCPP services to this population in a more comprehensive manner in the future. Longer-term funding with continued centralized coordination for this type of project would allow supplemental FCPP services to continue in a more comprehensive fashion with the flexibility to apply funds where there is need, based on the changing status of children in the system. It would also provide an opportunity to explore providing FCPP services to children who were placed prior to July 1997.

**Achievements**

Comprehensive Health Histories & Continuity of Health Care – The Passport Program seeks to provide education and information while coordinating with other existing programs. FCPP has consistent standards for service statewide, and supports continuity of both care and services for children in out of home placement. PHNs do not make medical diagnoses, they utilize nursing expertise to research and pull together all available health history on each child, and identify health issues and/or unresolved health problems. Preliminary history gathering, interviews and nursing assessments provide the basis for

comprehensive passports and health recommendations which enable those caring for a child to have the most complete history available.

In addition to identifying new issues or concerns, PHNs can effectively validate or correct historical information that may be inaccurate. PHNs have already brought to light information in several important areas:

➢ Diagnoses that were "hearsay" and documented in DCFS files, but not documented in any medical records, or ruled out in medical records. PHNs have validated or negated historical "labels" through careful attention to medical record details. Some examples include: attention deficit & hyperactivity disorder (ADHD), asthma, cardiac defects, organic brain syndrome, fetal alcohol syndrome, as well as transcription errors.

➢ Diagnoses that were made in the child's past and in some cases documented in the DCFS file, but necessary follow-up had not been completed. Some examples include: heart murmurs or cardiac defects, pulmonary stenosis, developmental delays, anemia, disfiguring burns, chronic anemia, organic brain syndromes, as well as possible exposure to HIV and TB (tuberculosis).

One of the main objectives of the FCPP is to produce a health picture of each child that is as complete as possible, so that the _best_ and _most appropriate_ health care decisions can be made.

PHNs possess a broad background of expertise in the areas of community, family, children, and health assessment. The PHN expert knowledge base and community connections allow the nurse to add the necessary _context_ and _meaning_ to the passport database facts. In addition, PHNs can assist social workers and caregivers in prioritizing the importance and urgency of follow up for identified needs. Clear and comprehensive histories help ensure that social workers and caregivers are educated regarding the health needs of children in their care and that children receive adequate health care. In addition, passport information can be used to support other agency efforts such as reunification with families, referrals to other programs and services, or adoption.

1.  Medical records and documentation management companies

    Historically, many community healthcare providers have cooperated willingly to provide copies of records upon formal request. However, there have also been a fair number of agencies that have created barriers to obtaining medical records. Barriers typically include a general lack of cooperation, refusal to release records even though the appropriate legal documentation has been provided or a general lack of timely follow through on requests.

An additional difficulty has been the recent establishment of *document management companies*, and subsequently the implementation of the new federal HIPAA regulations (Health Insurance Portability and Accountability Act). These agencies have created complex barriers between health care providers and those seeking medical histories. Once only document copying companies, these agencies have expanded their role to include decisions regarding *if, when, and how much* information is to be released, so that the decision no longer rests with the healthcare provider/agency. In recent months, document management companies have acquired contracts with most of the major health care providers across Washington State.

Problem resolution has been handled on several different levels, and is an on-going process. Every possible effort has been made to establish program procedures that provide increased efficiency, decreased costs and problem solving at the lowest possible levels.

The FCPP program coordinator follows up individually with healthcare providers and agencies that need education on the FCPP, complex negotiation regarding release of records, or who have not responded to requests. Information is also forwarded to the Children's Administration (CA) program manager, and to the Assistant Attorney General's Office for further agency assistance when necessary.

To date, the FCPP has succeeded in establishing individual relationships and consistent procedures throughout all the document management companies and significantly reduced copying rates for FCPP requests. Through these relationships, the FCPP has also implemented a consistent process for individually negotiating large records to ensure significant cost savings to DSHS while obtaining necessary record elements.

In addition, coordination with other programs is continually pursued; to eliminate any unnecessary duplication related to medical record copies.

**Collaborations**

The Foster Care Passport Program is a supportive service for those providing care to children in out-of-home placement. The program seeks to collaborate with all existing programs and services, to prevent duplication, provide health information, consultation and expertise where needed. Some examples of current collaborations include:

1.  FAS Photo Screening Project:

    The Region 4 Foster Care Passport Program (FCPP) currently collaborates with the University of Washington Fetal Alcohol Syndrome Diagnostic and Prevention Network (UW FAS DPN) to provide photographic screening for

children in out of home placement. FCPP staff identify eligible children and facilitate all consents, tracking, and referrals to the UW FAS DPN. In addition, FCPP manages communication regarding screening and/or diagnostic results from the UW FAS DPN, and incorporates all results and recommendations into the Passport information. Possibilities for expansion of this model to other areas of the state are also being explored.

2. Foster Care Assessment Program (FCAP)

   The FCPP assists in the identification of potentially eligible children for FCAP at the time of FCPP enrollment or update. The FCPP provides a natural bridge to programs such as FCAP by providing intensive up-front health history research, data collection, and compilation of health recommendations. As consultants, the PHNs do not refer directly to FCAP, but instead, recommend FCAP referral to the social worker/case manager and the caregiver based on FCAP criteria.

3. Kidscreen

   The FCPP utilizes and incorporates any information provided by Kidscreen, assesses follow-up to previous recommendations and reinforces any necessary information from the Kidscreen reports. In addition, issues identified by Kidscreen specialists are used as one of several prioritization criteria for subsequent FCPP enrollment.

4. Adoptions & Adoption Incentive Project

   The FCPP seeks every opportunity to coordinate locally with adoption services and the Adoption Incentive Project. Identified children can be prioritized for FCPP enrollment, to ensure appropriate timing between passport work and each child's individual adoption process timelines.

5. Regional and Expanded FCPP Service Coverage Areas

   Local health jurisdictions continue to work together as a larger statewide team to provide FCPP services in a manner that will maintain quality, efficiency and continuity statewide. Implementation is currently underway of a plan utilizing centralized public health "floater" staff, which can provide coverage from a central location across many counties and regions. Through this concept, the program can reduce or eliminate any periods of program inactivity due to staff turnover in any county. In addition, it provides for adequately trained and supervised expert nurses and significantly reduced staff oversight, training and ongoing support costs.

6.  CAMIS and Medical Assistance Administration

    Children in foster care are the most at risk children in the entire welfare
    population.  Medical records are often difficult to find, and sometimes more
    difficult to obtain.  Children who are enrolled in the FCPP have experienced
    trauma, abuse, and/or neglect prior to entering the foster care system.  Many
    children have had little or very disjointed healthcare, and have lived in
    dysfunctional homes where ongoing health care is not a priority.  The issues
    that bring these children into the DCFS system, and into foster care, are the
    same factors that impact the availability of health history information.   Health
    history information for children in out of home placement is often scattered
    across many different health care providers, states and systems.  The FCPP
    researches medical record sources to provide a centralized repository for any
    available health history information.

    The FCPP collaborated with CAMIS, Children's Administration staff,
    Medical Assistance Administration and other DSHS programs to collectively
    develop a means for researching medical record sources via Medicaid billing
    data.  Through a data sharing agreement, the FCPP and other programs are
    now able to access certain Washington State Medicaid claims data.  While the
    data does not provide all the necessary health history information, it
    significantly reduces program time needed to research medical records located
    in Washington.

IV.     **ADOPTION RECRUITMENT AND SERVICES**

During fiscal year 2003 the Children's Administration (CA) stressed the importance of permanency for children unable to return to the care and custody of their birth parents.  Appropriate permanent plans, such as adoption, guardianship and long term foster care and/or relative placements are developed for children that are not able to return home.  During FY 03 the CA completed 1,204 adoptions[4]. A majority, 593 of the children adopted were between the ages of 2 to 5, with 364 adopted children between the ages of 6 to11. Guardianships were completed on 593 children during FY 03.  Of the 593 children placed in guardianship, 238 children were between the ages of 6 to 11 and 228 children were between the ages of 12 to 17 years of age.

Chart six below shows the finalized adoptions for the past five fiscal years.   The highest number of children adopted through the CA occurred in FY 03. Overall, the CA has continued to improve and increase the number of children that had a completed permanent plan of adoption over the past years.

Chart 6

**Finalized Adoptions**
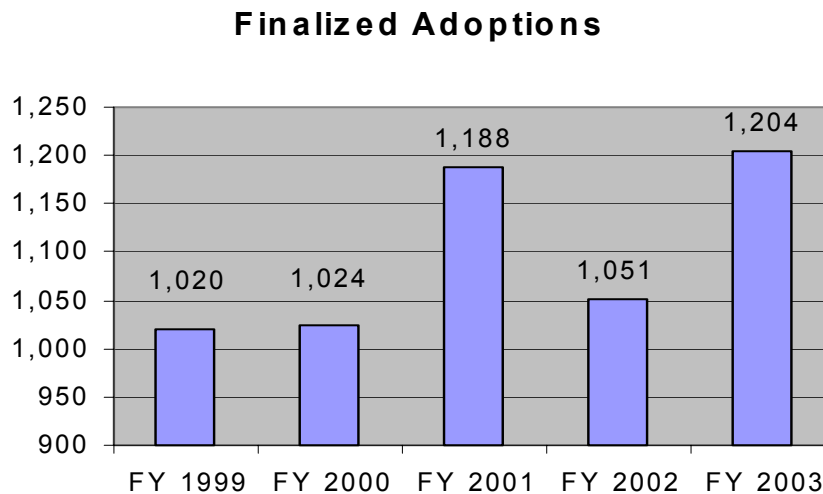


Regional finalized adoptions varied this year with Regions 1 and 2 having the highest increase for regional adoptions compared to previous years.  Chart 7 shows the last four fiscal years for regional finalized adoptions.  Refer to Appendix A for regional breakdown of finalized adoptions.

---

[4] CAMIS placement download 9/2/03

Chart 7

**Finalized Adoptions by Region**
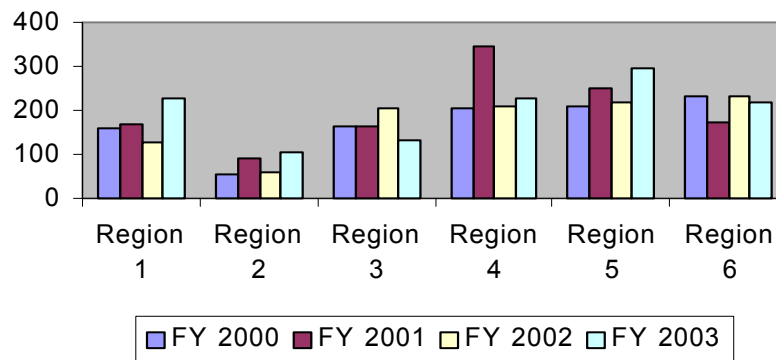


The Children's Administration, within available funding and resources, will continue to strive to achieve permanency for children. Emphasis in FY 03 and in the pursuing years will focus on the number of children legally available for adoption who are placed with an identified permanent family and children who are not placed with a permanent family to move those children to permanency in a timely manner.

## Recruitment Activities

The Division of Children and Family Services, social work staff are challenged with recruiting the best family for the children on their caseload that are not to be returning to their birth parents. In addition to recruitment work provided by the social work staff, the CA provides contracted recruitment services for children in need of a permanent adoptive homes. The CA contracts with the Northwest Adoption Exchange (NWAE), a private agency with recruitment experience and expertise, to place children on the Washington Adoption Resource Exchange (WARE) and on the NWAE exchange.

All children that are not in an identified adoptive home but have a permanent plan of adoption can be registered with the WARE. The Washington Adoption Resource Exchange provides a photolisting book to all Washington State private agencies and DCFS social work staff that provide adoption services for children and families. The photolisting book provides a picture and brief description of each child. Only families with an approved adoptive home study can view this book, because children that are featured in the WARE book may not all be legally available for adoption.

Children that are "registered" with WARE and remain in the photolisting book beyond 90 days are then placed in the NWAE photolisting book and may appear on the agency recruitment website (www.nwae.org). The NWAE provides a broader recruitment base that includes the Region X states (Washington, Oregon,

Alaska, Idaho and Nevada). Children placed on this exchange are legally available for adoption.

The Child Specific Recruitment contract initiated in FY 01, is a collaboration with seven private agencies to provide comprehensive recruitment for 40 special needs children per fiscal year. The Northwest Adoption Exchange is the primary contractor that then subcontracts with six private agencies. The recruitment mechanism utilized includes gaining a better picture of the child in order to provide the most appropriate profile for recruitment. The agencies team approach, includes using their own agency recruitment techniques, developing new resources for recruitment and provides moral support to CA staff and to each other. Through the recruitment team, some children are withdrawn from the project when it has been determined that adoption may not be an appropriate plan. Reasons for this include: child is incarcerated, child is in a mental health institution; and the needs of the child are too significant at this time to recruit a family. This recruitment mechanism has been successful for children and for DCFS staff who call to place children on a waiting list to be included in under this contract.

## Adoption Consortiums

Adoption consortiums promote inter-regional linkages on behalf of children. These consortiums provide a collaborative staffing process between the department and private agencies around the state to increase awareness of children in need of adoptive families and approved adoptive families waiting for placements.

## Purchase of Service

The Purchase of Service program (POS), which started as a pilot project in the 80's to help offset the cost of recruitment to private agencies for eligible children, has grown dramatically over the past several years. The POS program provides contracts to private agencies in Washington and other states for the recruitment and placement of children into adoptive homes and for the finalization of the adoption. The contracts are child specific and are initiated generally upon placement. During FY 03, Purchase of Service was requested for 59 children. This program is not budgeted for the total number of eligible children due to limited funding.

## Adoption Incentive Payment Program

During fiscal year 2003, the CA received award money for adoptions finalized during Federal Fiscal Year 2001. CA used the award money to enhance regional projects designed to increase the number of finalized adoptions in Washington. CA spent a small portion of the money to contract with the Office of the Attorney General (OAG) to hire an Assistant Attorney General to process the backlog of

children waiting for termination hearings in Clark, Cowlitz, and Skamania counties.
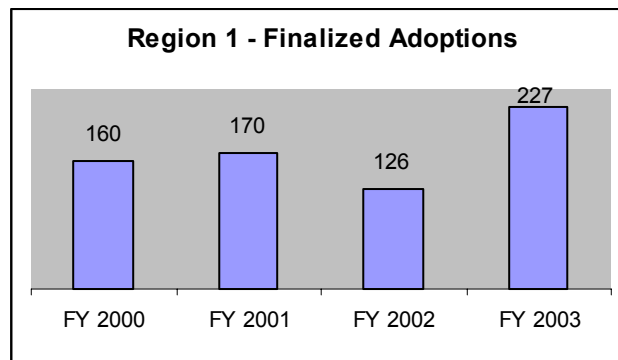
## VII.   PLANS FOR THE FUTURE

The Children's Administration is committed to improving services to foster and adoptive families, retaining foster parents and providing services to children and families.  Some of the CA's plans for the future include:

➢ Develop a webcast training on Permanency Planning for CA staff and foster parents that utilizes Blackboard, a computer program, as the training mechanism.

➢ Development of Washington Administrative Code's (WAC) for adoption agencies that will include international adoptions collaboration with the CA, the Assistant Attorney's Generals office and the Division of Licensed Resources.

➢ Develop a relative and kinship care family assessment for children placed in out-of-home care.

➢ Release of the Orientation video was developed and is now in final editing production.  It will be available to foster parents in rural areas in the coming year.

➢ DLR-FPKT plan to provide another Spanish language webcast on fire safety for foster children for the EN ESPANOL web page for Spanish speaking foster parents.

➢ The DLR is currently transferring all training from licensing staff to trainers to provide a clearer professional and coordinated training focus.

➢ Other future topics planned are;

   ➢ Working with the American Indian child
   ➢ Working with Bio parents
   ➢ Working with Gay and Lesbian foster children,
   ➢ Special topics on domestic violence,
   ➢ Mental Health issues
   ➢ Drug and alcohol issues
   ➢ Indian child welfare
   ➢ Exploring cable access TV for some of our workshops.
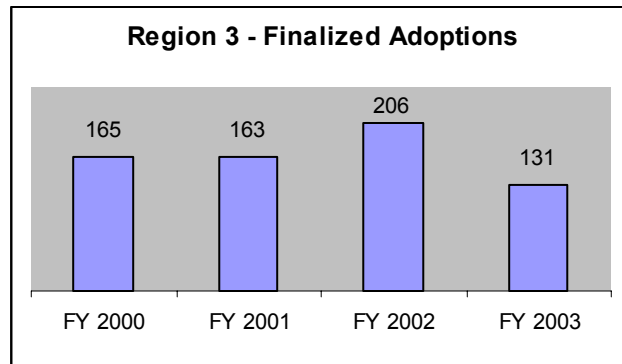
**Adoption Finalization by Region**

Region 1 has eight field offices located in Colfax, Colville, Moses Lake, Newport, Omak, Republic, Spokane and Wenatchee. The offices provide services to 11 counties in Northeast Washington.

**Region 1 - Finalized Adoptions**

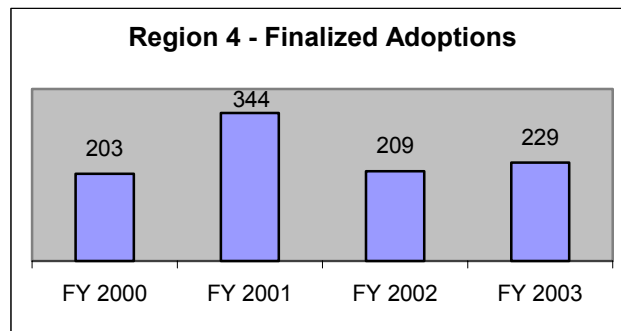| | | | |
|---|---|---|---|
| 160 | 170 | 126 | 227 |
| FY 2000 | FY 2001 | FY 2002 | FY 2003 |

Region 2 has seven field offices located in Yakima, Clarkston, Ellensburg, Sunnyside, Richland, Toppenish and Walla Walla. These offices provide services to eight counties in Southeast Washington.

**Region 2 - Finalized Adoptions**

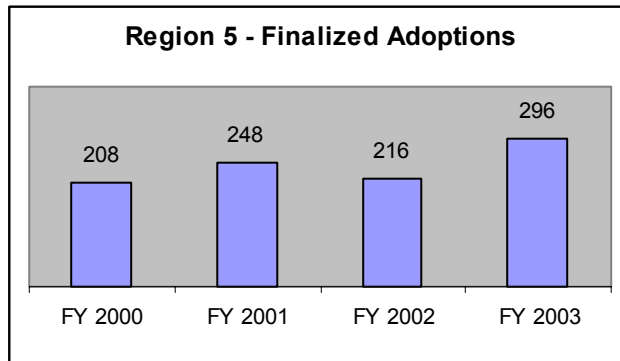| | | | |
|---|---|---|---|
| 54 | 91 | 61 | 105 |
| FY 2000 | FY 2001 | FY 2002 | FY 2003 |
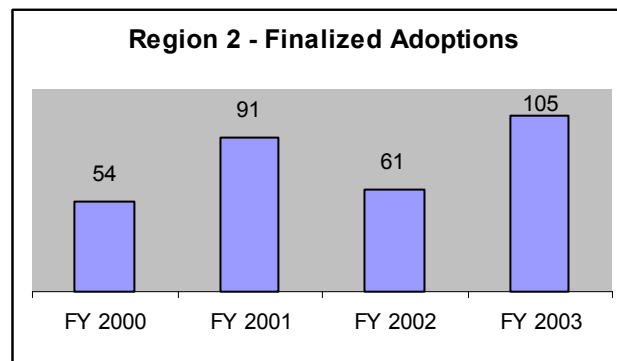
Region 3 has eight field offices located in Alderwood, Bellingham, Everett, Friday Harbor, Mount Vernon, Oak Harbor, Sky Valley and Smokey Point. These offices provide services in three counties in Northwest Washington.

**Region 3 - Finalized Adoptions**

| FY 2000 | FY 2001 | FY 2002 | FY 2003 |
|---------|---------|---------|---------|
| 165 | 163 | 206 | 131 |

Region 4 has five field offices in King County.  Offices are located in Bellevue, Kent and Seattle.

**Region 4 - Finalized Adoptions**

| FY 2000 | FY 2001 | FY 2002 | FY 2003 |
|---------|---------|---------|---------|
| 203 | 344 | 209 | 229 |

Region 5 has 2 field offices located in Tacoma and Bremerton.  These two offices provide services in Pierce and Kitsap counties.

**Region 5 - Finalized Adoptions**

| FY 2000 | FY 2001 | FY 2002 | FY 2003 |
|---------|---------|---------|---------|
| 208 | 248 | 216 | 296 |

Region 6 has 14 field offices located in Aberdeen, Centralia, Forks, Goldendale, Kelso, Long Beach, Olympia, Port Angeles, Port Townsend, Shelton, South Bend, Stevenson, Vancouver and White Salmon.  These offices provide services in 14 counties.

**Region 6 - Finalized Adoptions**

| FY 2000 | FY 2001 | FY 2002 | FY 2003 |
|---------|---------|---------|---------|
| 234 | 172 | 233 | 216 |